

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


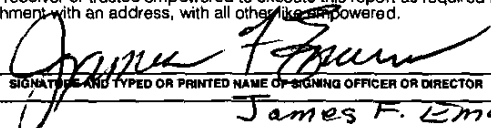
**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 030 \*\*\*\*70.00

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01092004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 731397</b>					
1. Entity Name <b>WESTMINSTER RETIREMENT COMMUNITIES FOUNDATION, INC.</b>					
Principal Place of Business <b>80 WEST LUCERNE CIRCLE ORLANDO, FL 32801-3779</b>			Mailing Address <b>80 WEST LUCERNE CIRCLE ORLANDO, FL 32801-3779</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>23-7414048</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KEITH, HENRY T. 80 W LUCERNE CIR ORLANDO, FL 32801</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRYAN, J SHEPARD 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Barr, John W. 80 West Lucerne Circle Orlando, FL 32801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EMERSON, JAMES F 80 W LUCERNE CIR ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KEITH, HENRY T. 80 W LUCERNE CIR ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STURM, RICHARD V 80 WEST LUCERNE CIRCE ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MILTON, V. JOHN 80 WEST LUCERNE CIRLCE ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOGNER, JAMES B 80 W LUCERNE CIR ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>02-12-2004</b>		<b>407-839-5050</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
<b>James F. Emerson</b>					